



Portsmouth, Virginia Police Department General Orders Manual

Infectious Disease Control			OPR	44
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PURPOSE: To provide guidelines to prevent the spread of infectious diseases to department members.

POLICY: The Portsmouth Police Department is committed to the safety of its members in the performance of their duties. The department will provide information on recommended disease prevention practices, practical disease prevention equipment, and immunizations. Members will report known and suspected on duty exposures to communicable diseases according to established procedures.

DEFINITIONS AND GENERAL INFORMATION

AIDS (Acquired Immune Deficiency Syndrome) – A blood borne and sexually transmitted disease that attacks and destroys the body's immune system. It is transmitted primarily through sexual acts or sharing drug paraphernalia. There is a slight chance of transmission by receiving a blood transfusion (although this chance is becoming rare due to testing procedures), from an infected mother to her fetus during pregnancy and/or from an infected mother through nursing of her infant, and from accidental exposure from needle sticks, cuts, abrasions, and mucous membrane exposure (eyes and mouth to blood or other body fluids of an infected person). AIDS makes people susceptible to infections and diseases that are not usually life threatening when the normal immune system is functioning. AIDS may also cause disorders of the central nervous system. There is currently no vaccine against the virus. According to the Center of Disease Control, AIDS is NOT transmitted through any of the following: sneezing, coughing, spitting, handshakes, hugging, or other nonsexual physical contact; toilet seats, bathtubs, or showers; articles worn or handled by persons with AIDS, such as, doorknobs, pens, or cups; being near someone with AIDS frequently or over a long period of time; riding in the same vehicle; eating in the same public place with an AIDS infected person; or working in the same office.

ARC (AIDS Related Complex) – A condition caused by the AIDS virus (HIV) which has a specific set of symptoms, including persistent fever, weight loss, skin rashes, diarrhea, and swollen lymph nodes. Although these symptoms may be debilitating, they are usually not life threatening.

HIV (Human Immunodeficiency Virus) – The virus that causes AIDS. HIV infects and destroys white blood cells, undermining the body's ability to combat infections. One can be infected with HIV for years, even indefinitely, without ever developing symptoms. However, infected persons with or without symptoms may give the infection to others.

Seropositivity – Refers to a person having antibodies to HIV, meaning that infection has occurred at some time in the past. A seropositive person can be infected with HIV for years without ever developing symptoms of AIDS. Infected persons can give the virus to others even though they may not have symptoms of AIDS.

Hepatitis B (serum hepatitis) – A viral infection that can result in jaundice, cirrhosis, and sometimes cancer of the liver. The virus is transmitted through exposure to blood, semen, or vaginal secretions.

Hepatitis C – A viral infection that can result in jaundice, cirrhosis and sometimes cancer of the liver. The virus is transmitted through exposure to blood (generally by transfusion or illicit drug use via needles) and rarely through sexual contact.

Tuberculosis – A bacterial disease that can be conveyed through saliva, urine, blood, and other body fluids by infected persons. Tuberculosis can be either contagious or non-contagious. Tuberculosis is spread mainly by inhaling airborne droplets of infected coughing people. It can enter the body through infected mucous on the skin (as from coughing) or from inhaled droplets. It is an airborne, opportunistic disease and it primarily causes lung infection. Although no vaccine against tuberculosis exists, medications are available to treat the disease.

PROCEDURES:

- I. The department will provide information, training, protective equipment, and immunizations as necessary to protect members from infectious disease.
 - A. The Training Unit Commander will coordinate all departmental training in infectious disease recognition, prevention, and protection and will maintain all appropriate records on such training.
 - B. The Police Personnel Unit Lieutenant will collect, process, and maintain all reports of exposure.
 - C. Medical coordination will be maintained based on current city contracts. The “city physician” shall provide needed preventative vaccines. The “worker’s compensation/injury physician” shall provide needed treatment, testing, and follow up (or referral) following an exposure.
 - D. The Property Management Unit (PMU) supervisor will ensure that an adequate stock of disease prevention materials and enough antiseptic/germicidal solution is available for issue.
 - E. PMU is responsible for the proper collection and disposal of contaminated waste deposited in designated containers.
 - F. Precautions – The following precautions are general in scope. Specific assignment oriented precautions and guidelines will be issued as needed:
 1. Sharp items (needles, scalpel blades, razors, knives, and other sharp instruments) should be considered potentially infective and must be handled with care to prevent injuries. When practical, sharp items will be enclosed in the appropriate containers issued or available through the PMU.
 2. Intravenous drug users present a high risk due to frequency of contact. Officers should handle disposable syringes and needles with care. To prevent needle sticks injuries, needles should not be recapped, and purposely bent, broken, removed from disposable syringes, or otherwise manipulated by hand.
 3. When the chance of exposure to blood or other bodily fluids exists, the use of disposable gloves is recommended. Some circumstances also may require eye protection, masks or

other protective coverings when performing procedures involving extensive contact with blood or potentially infective body fluids.

4. Only properly qualified personnel should perform mouth to mouth resuscitation, and then only with the use of proper protective equipment.

G. Hygiene and Cleaning Practices

1. Washing exposed areas of the skin provides a high degree of protection against infectious diseases. Hands should be washed after touching another person, touching inanimate objects which may be contaminated by blood or other body fluids, or using any rest room facility.

2. The following cleaning items are effective against infectious diseases:

- a. Soap and water – Used for removing transient microorganisms acquired through direct or indirect contact on the skin. Soap and water provide effective protection and should be used instead of other skin cleansing solutions.
- b. Infectious Disease Wipes – Officers should use disposable wipes when soap and water are not readily available for cleaning the skin. The skin should be washed as soon as soap and water are accessible.
- c. Topical antiseptic gels or sprays, commercially available, and rated/approved to kill the Hepatitis B virus.
- d. Household bleach – A solution of 1 part sodium hypochlorite (household bleach) and 10 parts water is effective for cleaning counter tops and other surfaces that are contaminated with blood or other body fluids.
- e. Disinfectants – Members should use disinfectants that have a chemical germicide registered with the Environmental Protection Agency, such as a “hospital disinfectant” spray, to clean equipment items, counter tops, or other surfaces that may have been contaminated with blood or other body fluids.

3. Clothing

- a. Since some communicable disease viruses are most stable at room temperature, the chemical dry cleaning process should be adequate to decontaminate any clothing contaminated with body fluids. When having blood stained clothing cleaned at dry cleaning facilities, the cleaner should be informed in advance of the stain so appropriate chemicals can be used for removal.
- b. Any clothing item contaminated with blood or other body fluids should be removed and cleaned as soon as possible.
- c. Clothing items contaminated with blood or body fluids shall not be taken to the employee’s home and washed. Officers will do the following:
 1. Request a red biohazard bag from their supervisor.
 2. Place the contaminated items in the bag (if a biohazard bag is unavailable, officers can use of regular brown bag, however they must tag it, “blood,” “body fluids,” etc.).
 3. The officer’s supervisor will send an email to the PMU Sergeant and Quartermaster stating what items are going to the dry cleaner.

4. The officer will take the items to the designated dry cleaning facility.
 5. When the officer picks the items up, he or she will take the invoice to the Quartermaster.
 6. The Quartermaster will submit the invoice and internal requisition to the Police Fiscal Unit.
4. Equipment and Department Facilities
- a. Each department member is responsible for infectious disease control to the extent possible by keeping his/her equipment, vehicle, and work area clean and free of potentially contaminated material. Officers are responsible for cleaning up any body fluid deposits left in their police vehicles, on equipment, or in holding/interview rooms.
 - b. When washing hands after a potential exposure to blood or other body fluids ensure that the wash basin and surrounding area are thoroughly washed down with soap and water. Potentially contaminated fluids should not be left in any common use area.
5. Protective Equipment – Current research indicates that barrier protection reduces the risk of disease exposure to AIDS, Hepatitis B, Tuberculosis, and many other infectious diseases. The use of protective equipment should be enhanced by, not used instead of, the precautions for disease avoidance outlined previously. The department will furnish the following equipment to help control infectious disease exposure.
- a. Red disposal containers marked “Contaminated Material” which are located in the locked PMU hallway, in the Forensic Services Unit, and at all Portsmouth Fire Stations.
 - b. Protective examination type gloves.
 - c. ID Technicians will also receive the following:
 1. Disposable jumpsuits
 2. Disposable foot covers
 3. Surgical head covers
6. Packaging of Contaminated Material as Evidence – Employees must exercise extreme care when handling possible contaminated evidence and submitting it for forensic examination or for storage in PMU. All evidence containing blood or other bodily fluids must be air dried in the designated area prior to submission for examination, and must be packaged according to the guidelines set by the PMU.

H. Disposal of Contaminated Materials

1. Disposal and Reequipping Responsibilities
 - a. Department members are responsible for the proper disposal of any contaminated item.
 - b. Items with dried or absorbed contaminants may be placed in regular trash disposal containers. Such items will not be placed in “biohazard” packaging under any circumstances.
 - c. Items with wet, leaking, or not fully absorbed contaminants will be placed in red plastic bags marked “Contaminated Material,” sealed, and deposited in the proper container. DO NOT dispose of leaking contaminated material in any other manner.
 - d. Officers may dispose of contaminated material at their convenience during their tour of duty.

- e. Members who use supplies from unit-issued kits, such as the Forensic Services Unit, will restock the unit kit. Replacement supplies are available from the PMU.
 - f. The PMU supervisor is to ensure weekly that all of the department's contaminated material containers are checked and emptied as needed. The PMU shall contact the department's vendor for pickup/disposal.
2. When a crime scene released by the police may involve a potential for communicable disease contamination, the primary investigating officer in charge of the crime scene will warn the property owner or occupants of possible health risks associated with body fluids and will advise them to contact the Public Health Department and to coordinate with their insurance carrier.
 3. When a contaminated crime scene is on city-owned property, the city's Industrial Hygienist must be notified.
 4. When a contaminated crime scene is on a city-owned roadway, the investigator will contact a Fire Department Battalion Chief and request he or she respond to assess the scene.

I. Report Procedures

1. Officers will follow the hygiene and cleaning guidelines listed in this policy as soon as possible after any potential exposure to infectious diseases. Such incidents will be reported to the Shift Commander and to the member's immediate supervisor.
2. Supervisors receiving reports as outlined above will initiate an Infectious Disease Exposure Report, forward it to the Police Personnel Unit Lieutenant, complete on-duty injury forms and ensure that the officer seeks medical attention for an exposure.
3. The Police Personnel Unit Lieutenant will:
 - a. Review the report for completeness.
 - b. Determine the exposure status (actual exposure or not).
 - c. Contact necessary medical personnel to receive a follow-up report.
 - d. Contact the affected officer(s) with the results of the medical report.
 - e. Assist with any follow-up or coordination of medical attention required.
 - f. Maintain a file, by officer, of each exposure incident.

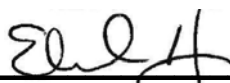
J. Employee Testing

1. If a member has been exposed, based on the criteria for determining an actual exposure, to a person who has or is suspected to have a communicable disease, the member must be referred to a worker's compensation panel physician. After hours, the contracted nurse will be alerted to respond to the emergency room. Follow up care will be with a panel physician.
2. Any person who exposes a law enforcement officer to blood or body fluids in a manner capable of causing infection is deemed to have consented to the testing of his or her blood for infectious diseases, and to the release of those test results to the exposed law enforcement officer. Persons in custody shall be transported to a local hospital for these tests to be drawn.

In the event the person refuses to allow the tests, the department's exposure control officer shall petition the General District Court for an order for the tests.

3. Whenever a person is directly exposed to the body fluids of a law enforcement officer in a manner which may transmit human immunodeficiency virus or hepatitis B or C viruses, the law-enforcement officer whose body fluids were involved in the exposure is deemed to have consented to testing for infection with human immunodeficiency virus or hepatitis B or C viruses. The law-enforcement officer shall also be deemed to have consented to the release of such test results to the person.
4. The employee who has suffered an exposure has a right to privacy regarding personal health records. Since there is no purpose for a supervisor to be routinely informed that a member has tested positive of HIV or Hepatitis B, all related medical information will be confidential.
5. Employees who test positive for HIV or Hepatitis B will not be summarily removed from duty. The department will not impose any restrictions simply because of the diagnosis, for as long as the employees can continue to perform they're assigned duties. These diseases are not spread by the casual contact normally expected in the workplace.
6. Employees who test positive for tuberculosis will be restricted from working until it is determined whether or not it is contagious. Tuberculosis infected persons required medication and will not return to work until authorized to do so by the City Physician.
7. The department expects all personnel to continue working relationships with any fellow employee recognized as having AIDS/ARC, Hepatitis B, or non-contagious tuberculosis. The department will consider appropriate corrective action against an employee who threatens or refuses to work with an infected employee, or who disrupts the work environment as a result of such actions.

APPROVED: _____


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